

EXHIBIT B



AMERICAN COURT REPORTING

Federal I.D. Number: **63-1205423****Charles A. Powell IV**

Baker, Donelson, Bearman, Caldwell, & Berkowitz
420 20th Street North
1600 Wachovia Tower
Birmingham, AL 35203

Invoice Date: **5/24/2006**Invoice #: **DM59334**Total Due: **\$1,145.15**

Re: Dora Davis vs. Albany International
Montgomery
On 5/12/2006 by David Miller

Invoicing Information**Deponents:**

1. Dora Davis

286 pages

Product	Qty	UOM	Extended Price
Per Diem Deposition	1	day	\$150.00
Original Deposition Pages	286	page	\$872.30
Travel Transcript	1	each	\$25.00
Exhibit Pages	151	each	\$52.85
Handling	1	each	\$10.00
Data Disk	1	each	\$35.00
Total Price:			\$1,145.15
Total Paid:			\$0.00
Total Due:			\$1,145.15

"Notice Us"

P.O. Box 12765 Birmingham, Alabama 35202
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Robert G. Sorrell, M.D.
Jeffrey D. Wade, M.D.
Robert S. Wolf, M.D.
John P. Young, M.D.
Jeffrey C. Davis, M.D.

Here are the medical records that you have requested. At your earliest convenience, please send the amount listed below to our office at the attention of Shannon. If you have any questions, feel free to call 802-6700.

Patient's Name Dora Davis

Total Amount of Pages 10 notes; 1 billing

Total Amount \$ 260.00

- *Our fees are as follows:
- \$5.00 initial search fee
 - \$1.00 per page up to 25 pages
 - \$.50 per page thereafter
 - \$25.00 for Medical Report Update
 - \$15.00 for Functional Capacities Form
 - \$15.00 for Billing Statements
 - \$50.00 for out of state inquiry

Sincerely,



Shannon Funderburk
Medical Records
Tax ID 63-1120263

Check requested
4/26/06



The Release of Information Specialists

Medical Record Requestor

Baker Donelson Bearman Cald
420 Twentieth Street N
Suite 1600
Birmingham AL 35203
Attn: Leslie McMellon

Invoice Number	199127
Invoice Date	5/4/2006
Invoice Due Date	6/3/2006
Your Reference #	

Patient's Name

Dora Davis

Records Requested From:

Dr Katz

Release of Information Item**Price**

91 Pages Copied	\$58.00
Alabama Processing Fee	\$5.00
\$4.05 Postage	\$4.05
	\$0.00
	\$0.00
	\$0.00
	\$0.00

Subtotal

\$67.05

Amount Paid

\$0.00

AMOUNT DUE**\$67.05****Comments****TAX ID NUMBER****72-1355541**

To pay by credit card please call
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All charges are regulated by state law where applicable. A late fee service charge of 1.5% per month (18% annual rate) will be made against all total fees not paid on or before the invoice due date.

▲ Detach and mail this portion with your check to Acton Corporation. ▲

6/3/2006**INVOICE DUE DATE:**

Invoice Number	AMOUNT DUE
199127	\$67.05

Medical Record Requestor

Baker Donelson Bearman Cald

Please make checks payable to:

Acton Corporation**P.O. Box 380213****Birmingham, AL 35238-0213****TAX ID NUMBER****72-1355541**

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